HEALTH AND WELLBING SCRUTINY COMMITTEE 3 July 2019

SUNDERLAND CLINICAL COMMISSIONING GROUP'S 2019/20 OPERATIONAL PLAN

Report of the Deputy Chief Officer, Sunderland Clinical Commissioning Group

1. Purpose

1.1 The purpose of this report is to update the Health and Wellbeing Scrutiny Committee on Sunderland Clinical Commissioning Group's 2019/20 operational plan, ratified by the clinical commissioning group's (CCG) Governing Body on 26th March 2019.

2. Introduction

2.1 2019/20 is year one of a new planning period for the CCG as our previous operational plans covered a five year strategic period from 2014 to 2019.

2.2 The appended operational plan has been informed by and responds to a range of information including:

- the NHS Long Term Plan published in January 2019 set out national ambitions in key clinical priority areas along with commitments for the NHS for the next 10 years. 2019/20 will be year one of the Long Term Plan, laying the groundwork for implementation.
- The NHS Operational Planning and Contracting Guidance required one year organisation-level operational plans to be developed and ratified by 04 April 2019. The guidance set the delivery of NHS Constitution and national standards as a priority for commissioners and providers in 2019/20 across a number of areas including planned care, child and adult mental health and learning disabilities and primary and community health.
- Sunderland's Joint Strategic Needs Assessment and benchmarking information, including NHS RightCare data.
- A review of the CCG's 2018/29 strategic objectives and transformation programmes.

2.3 Delivering safe and sustainable services for the people of Sunderland within available funding is a key part of the operational plan. The CCG has a strong track of delivery against financial plans and statutory financial duties. The CCG delivered its 2018/19 QiPP (savings target) of £11.3m.

2.4 Collaboration between NHS commissioners and providers across geographic and organisational boundaries to develop a system-level operating plan, to support sustainable improvements in health and care, has been a key feature of NHS service planning policy planning for a number of years.

The 2019/20 planning guidance required Sustainability Transformation Partnerships (STP) /Integrated Care System (ICS) to develop a one year system-level plan operating plan by 11th April and a five year plan covering the period up to 2023/24 by October 2019.

3. Sunderland CCG's 2019/20 Operational Plan

3.1 The 2019/20 Operational Plan (the **'Plan'**) sets out how the CCG will deliver its vision of **Better Health** for the people of Sunderland through implementing three strategic objectives:

- Prevention
- Transforming community care
- Transforming in hospital care

3.3 All of the CCG's transformation programmes from 2018/19 have been carried forward into 2019/20 recognising the scale of the change required, however the focus may have changed.

3.4 Sustainability is a cross cutting theme in the Plan. Increasing productivity and ensuring services are good value for money remains a priority. However the 2019/20 Plan recognises that workforce shortages pose a threat to service delivery and the quality of care in Sunderland, as well as nationally. In 2019/20 the plan continues to focus on supporting sustained delivery of services by addressing in hospital and community workforce shortages with partners. The CCG's quality strategy, with its focus on effectiveness, safety and patient experience, will maintain a clear focus on quality of care.

3.5 The full Plan is appended to this report with a high level summary (Plan on a Page) on page 6 of the appendix.

4. 2019/20 Transformation programmes

4.1 Making prevention a strategic objective for the 2019/20 plan recognises its importance in improving health outcomes, reducing health inequalities and avoidable illness and use (and pressure) on health services.

4.2 Cancer

4.2.1 Cancer accounts for 28% of the life expectancy gap in Sunderland males and 34% of the life expectancy gap in Sunderland females. In response to this and the National Cancer Strategy, the CCG set cancer improvement as a priority in its 2016/17 Operational Plan and developed a five year local cancer plan.

4.2.2 In 2018/19 the CCG has continued to deliver its local plan and successfully developed early diagnosis pilot pathways (faecal immunochemical test and lung cancer case finding) to roll out in 2019/20 across all GP practices. We also implemented the national workstream, *Living with and beyond cancer*, and secured further funding for the Early Diagnosis Worker posts for 2019/20.

4.2.3 In 2019/20 we will continue work across six priority areas of Sunderland's local cancer plan, including prevention, early diagnosis, waiting time standards, patient experience, living with and beyond cancer and investment and commissioning.

4.3 **Respiratory**

4.3.1 This transformation programme is new to the Plan in 2019/20 because we recognise as a system that despite highly committed NHS staff providing care across a range of care settings, health outcomes are poor for people in Sunderland for respiratory diseases. Along with cancer and cardiovascular disease, more people die early from respiratory diseases in Sunderland compared to other areas

4.3.2 The NHS Long Term Plan identifies respiratory disease as a national clinical priority.

4.3.3 In 2019/20 we will work collaboratively with partners in All Together Better as well as secondary care to review current pathways from prevention to detection to treatment to management and end of life care. The output will be an agreed system plan setting out key priorities to drive improvements in health outcomes for Sunderland.

4.4 **Cardiovascular disease including diabetes**

4.4.1 Following a review of benchmarking data we selected cardiovascular disease (CVD) in 2016/17 as a priority because of health needs. CVD and diabetes are national priorities in the NHS Long Term Plan.

4.4.2 We recognise that there is a huge opportunity to make a difference to improving CVD outcomes given that the majority of CVD cases are preventable.

4.4.3 Early detection and treatment of CVD can help patients to live longer and healthier lives as too many people live with undetected high-risk conditions. Improving the detection and treatment of high risk conditions including hypertension (high blood pressure), atrial fibrillation and high cholesterol has the potential to unlock significant health gains.

4.4.4 In 2018/19 our CVD plans focused on improving the detection and management of hypertension (high blood pressure) and high cholesterol in primary care and standardising heart failure pathway across primary, community and secondary care.

4.4.5 In 2019/20 we will continue to focus on these areas and include improving the atrial fibrillation (AF). We will build on work undertaken in 2018/19 with our GP practices to ensure that once identified, patients are treated optimally.

4.4.6 Diabetes continues to be a key priority area for the CCG in 2019/20.

4.4.6 Our plans to improve the treatment and care for patients diagnosed with diabetes started in 2017/18 and continued in 2018/19. The CCG received national diabetes transformation funding during this period to support the transformation.

4.6.7 The 2018/19 transformation programme built on 2017/18's programme covering a range of interventions including a community diabetes service with Diabetic Specialist Nurse targeting high risk patients in the community and working GP practices. As well as improving outcomes for patients diagnosed with the condition, our plans in 2018/19 also focused on the prevention of type 2 diabetes.

4.4.6 In 2019/20 we will build on this programme of work reducing variation to ensure optimal care and improve the support available for people to better manage their own health. We will also continue to support GP practices to roll out the national NHS Diabetes Prevention Programme.

4.5 **Maternal health and wellbeing**

4.5.1 Maternity services were prioritised for change in phase 1 of Path to Excellence because of workforce sustainability issues (staff shortage and reliance on temporary staff) faced by the services in South Tyneside and Sunderland and the challenge to meet national standards for quality of care.

4.5.2 In 2019/20 work will be ongoing with South Tyneside and Sunderland NHS Foundation Trust (STSNHS FT) to implement the agreed changes to the maternity pathway to ensure sustainable services and to implement the proposals to deliver *Better Births* – national maternity transformation plan.

4.5.3 Perinatal mental health is a key area of improvement in the national and local maternity transformation programme. We are continuing to increase capacity to specialist perinatal mental health services. From April 2019, along with neighbouring CCGs, we will recurrently fund an enhanced perinatal service, which operates a central hub and spoke enhanced model of care, serving women and their families.

4.6 Child health and wellbeing

4.6.1 This transformation programme within our Plan is part of a whole system approach, working with partners, to change children's' lives for the better.

4.6.2 Our child health and wellbeing transformation programme wholly supports the delivery of priority three of Sunderland's Children and Young People's Plan (2017– 2020), namely 'children and young people enjoy good health and wellbeing'.

4.6.3 Sunderland's Children and Young People's Mental Health and Wellbeing Transformation Plan (2015-2020) was refreshed and presented at the Childrens' Strategic Partnership in April 2019.

4.6.4 Successes in 2018/19 include:

- In Sunderland currently 46.4% of children and young people, with a diagnosable mental health condition, receive treatment from an NHS-funded community mental health service against a target of 34% of children and young people by March 2020.
- The Community Child and Adolescent Mental Health service (CCAMHS) has implemented online counselling, which will be accessible to children and young people from May 2019.
- Kooth, an online counselling service for young people has been commissioned by Together for Children (TfC), funded by the CCG. The service has been commissioned for 15 months and went live on the 1st April 2019.
- Recurrent funding has been agreed to enable the seven Children's Psychological Wellbeing Practitioner posts working across STFT and CHSFT and Sunderland Counselling Service to continue. These roles will also support service reform, for example the mobilisation of a Single Point of Access (SPA).

4.6.5 Priorities in 2019/20 include: work to ensure the community eating disorder service meets the required national standards by March 2021; setting up a single point of access (SPA); and further work on both the Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways.

4.6.5 In 2018/19 we developed and implemented a prevention programme, '*Preventing illness in later life and promoting self-care'* in partnership with Together for Children (TfC) and Sunderland City Council (SCC), sponsored by Sunderland's Children's Strategic Partnership and funded by Sunderland CCG to promote healthy lifestyles and physical activity to reduce childhood obesity.

4.6.7 The ten workstreams within the programme are multidisciplinary and involve schools, healthcare and community. The programme promotes new and existing healthy lifestyle initiatives, such as the daily mile and nutrition curriculum, and targets health inequalities including the use of digital applications to increase participation and engagement. Improvements are expected to be demonstrated from year three onwards from the start of the programme.

4.7 Community care

4.7.1 Since May 2013 we have been working in Sunderland towards delivering a vision for the future for out of hospital care with the aim of promoting health and wellbeing, delivering quality care for patients and carers, and ensuring sustainability of the system.

4.7.2 As a 'Vanguard' site we had an opportunity over three years to develop, test and implement our out of hospital care model under the All Together Better (ATB) Sunderland programme making major progress and achieving significant success. When the programme ended in 2018 we took the decision to enhance the care model and secure it for the longer term. It was agreed that the care model would be enhanced by including and integrating all out of hospital services into one model of care, which is secured formally using an alliance approach. The aim was to have an effective alliance in place by April 2019.

4.7.3 All Together Better (ATB) came formally into operation from 1st April 2019 and is principally responsible for the overall integrated delivery, performance outcomes and general oversight of community care services.

4.7.5 As this is the first year of operation for the ATB the focus is to develop and implement key requirements in order to operate effectively as an alliance. These include a governance framework, a 2019-20 operational plan, alignment of supporting manpower resources and the agreement of a single project management approach.

4.8 General Practice

4.7.1 Sunderland Clinical Commissioning Group took on responsibility to commission general practice in 2015 because of the central role of general practice in out of hospital care and because of the need to ensure sustainability for general practice. 2015/16 saw the development of SCCG's commissioning strategy for general practice, supported by a financial plan. The strategy set out a number of objectives to sustain and transform general practice including supporting general practice to increase capacity and build the workforce; improve patient access and encourage and support new working arrangements between practices.

4.7.2 A number of the objectives of the strategy have been delivered over the first three years including initiatives to increase capacity and build the general practice workforce, developing a quality assurance model to reduce variation and implementing the national extended access requirements in hubs.

4.7.3 A following areas have been progressed during 2018/19:

- **New consultation types** to improve access for patients - 15 GP practices are live with e-consultations and five GP practices have had video consultation software installed.
- **Workforce recruitment and retention** - 14 applications were received for the Golden Hello Recruitment and Retention programme during 2018/19. Four GPs were offered Career Start contracts in 2018/19 and overall 16 GPs have gone through the Career Start programme in Sunderland of which seven have stayed in the city. Four GPs are training to become GP trainers; GP trainees are often a successful way of recruiting GPs so enlarging the pool of trainers is an essential part of recruitment and retention.
- **Training –** Four nurses have taken up bursaries in 2018/19 to undertake Advanced Clinical Practice course. There have been 15 mentorship bursaries utilised for Practice Nurses. Practice nurses are attaining new skills in spirometry and diabetes.

4.7.4 The strategy is currently being refreshed in line with the NHS Long Term Plan, the All Together Better care model and the current General Practice Forward View initiatives which are ongoing in relation to workload, practice infrastructure including estates, technology and digitally enabled care.

4.7.5 The engagement on the strategy refresh presented the opportunity to engage with our practices on establishing locality Primary Care Networks in line with the national deadline.

4.7.6 In 2019/20 we will accelerate the development and mobilisation of Primary Care Networks (PCNs) to help sustain general practice and healthcare services in Sunderland.

4.8 Mental health, learning disabilities and autism

4.8.1 The Mental Health Five Year Forward View (MHFYFV) set an ambitious vision to transform mental health services and 2019/20 is the fourth year of its implementation. The Long Term Plan re-affirms the commitment to put mental health care on a level footing with physical health services requiring CCGs to increase investment in mental health services in line with the Mental Health Investment Standard. The additional growth in the CCG's 2019/20 allocation will enable us to meet this requirement. Locally we will invest recurrently in specialist perinatal health services, IAPT for people with long term conditions and children's services.

4.8.2 During 2018/19 the CCG did not achieve the 19% access target rate for increasing Access to psychological therapies (IAPT) for patients with long term conditions due, in part, to the loss of staff because of uncertainty regarding funding in 2018/19. This uncertainty has been resolved with the service being funded recurrently from April 2019.

4.8.3 In 2019/20 we will continue with actions to ensure patients requiring access to community health treatment – IAPT services, early intervention in psychosis – do not have long waits and are treated within national waiting time standards.

4.8.4 The life expectancy of people with severe mental illness (SMI) can be up to twenty years less than the general population. In 2018/19 there has been an improvement from 23% to 29.5%, against a target of 50%, in the number of patients with a SMI receiving an annual physical health check (AHC) in Sunderland. To improve performance against this trajectory in 2019/20.we will continue to build on work with Northumberland, Tyne and Wear Mental Health Trust (NTW NHSFT) to improve the physical health of those with a serious mental illness by working collaboratively with our GP practices to ensure patients on GP practice SMI registers receive an annual health check.

4.8.5 In 2019/20 we will continue to build on plans to deliver a national 10% reduction in the number of suicides by 2020/21. One off funding has been agreed to provide RESPOND training for Sunderland. The training provides a unique multi- agency package for professional to deal with a person in mental health crisis.

4.8.6 We will continue to work in 2019/20 to deliver regional plans to reduce all out of area placements, including the review of patients placed out of area to ensure they have an appropriate package of care.

4.8.7 The Long Term Plan commits to the development of a new integrated primary and community mental health service by 2023/24 to support adults and older adults with severe mental health illnesses and 24/7 community based mental health crisis response for adults and older adults by 2021. In 2019/20 we will need to work on plans to develop and mobilise these new services for severe mental health problems and emergency mental health support in Sunderland within the timeframes set.

4.8.8 The focus of the *Transforming Care Programme* is to move away from inappropriate outmoded inpatient facilities and establish stronger support in the community. In 2018/19 Sunderland CCG was successful in the achievement of its acute transforming care bed trajectory. 11 adults were discharged and/or transferred from hospital. During 2019/20 we will continue to work with partner agencies to support safe person centred discharge of those persons in the remaining in-patient beds.

4.8.9 In 2018/19 the CCG successfully expanded the 'Step up Model' to individuals living in the community. This model has been recognised regionally as an example of best practice and has been successful in reducing the number of inappropriate admissions to hospital.

4.8.10 During 2018/19 the CCG successfully bid for three capital bids to fund building work in Sunderland. This has enabled long stay hospital patients to be discharged into the community. Two individuals have now moved into properties and a third persons move is planned for June 2019.

4.8.11 Work has continued throughout 2018/19 to develop the quality of annual health checks and immunisation for patients with a learning disability in primary care. In 2018/19 the CCG achieved and exceeded its target for AHCs (by 68).

4.8.12 Work has continued to support primary care to deliver flu vaccination to patients with a learning disability.

4.8.13 The CCG has continued to support the Stopping over Medication of People with a Learning Disability programme (STOMP LD). This work has been led by NTW NHSFT and is an area that needs further development and delivery within 2019/2020.

4.9 **Enhanced primary and community care**

4.9.1 The enhanced primary and community care transformation programme comprises a number of transformation plans in 2019/20 led by the ATB:

- Community Integrated Teams (CiT)
- Care Homes
- End of Life (EoL)
- Community equipment service (CES)
- Continuing Healthcare (CHC)

4.9.2 Having been established in 2015, the Community Integrated Teams model has had considerable success in the way the teams have integrated to deliver patient centred care across a range of disciplines. The multi-disciplinary approach is further enhanced with the addition of MDT coordinators and Living Well Link workers who have been pivotal in supporting the benefits of co-location and joined up working.

4.9.3 As part of a commitment to continuous improvement, a review of CITs was undertaken in 2018. The review identified some areas for improvement in order to maximise the investment and hopefully realise a more significant reduction of emergency hospital admissions and attendances at A&E.

4.9.4 During 2018/19 the Care Home Group (CHG) has been working to implement the national Enhanced Health in Care Homes Framework (EHCH). Significant positive progress has been made, including:

- Implementing the Red Bag scheme.
- Establishing a model for GP alignment and MDT meetings in care homes.
- Developing cross area policies for hydration and nutrition.
- Sharing of best practice between care home managers.
- Creating relationships, networks and cross organisation decision making.
- Inviting care home managers to attend the CHG and participate in the design of the future model for care homes.
- Ensuring regular discussions and updates for care home managers.

4.9.5 2019/20 will see the continued roll out of the EHCH Framework.

4.9.6 End of Life care continues to be a priority in the Plan and is a key component of many transformation programmes. We continue to work towards a whole system approach to end of life across health and social care in Sunderland, which would mean that patients will receive high quality individualised care, delivered at the right time by the most appropriate service. The EoL strategy will be refreshed in 2019/20 to inform the development of a revised delivery plan.

4.9.7 Care equipment services provide the gateway to the independence, dignity and self-esteem of not only the person using the equipment but their families and carers too. The aims of the 2019/20 Community Equipment Service transformation is to ensure the delivery of sustainable care equipment, services, including children's wheelchairs, to improve access and meet national waiting time standards. In 2019/20 we will continue work to reduce access times for children's wheelchairs.

4.9.8 Continuing Healthcare (CHC) is an important component to the NHS response to supporting people with continuing health care needs, who through appropriate support, personalisation and choice can live either independent, semi-independent or supported lives.

4.9.9 Nationally and locally there is a pressing need to get control of rising CHC expenditure. Benchmarking information show that Sunderland is outlier in its expenditure and in its eligibility rate for fully funded CHC.

4.9.10 A three year CHC transformation plan has been developed, endorsed by the CCG, to realise a key objective - to ensure that CHC is sustainable for the future. Sitting within the ATB CHC transformation will focus on integrated working across all organisations and partners in Sunderland.

4.10 **Integrated urgent and emergency care**

4.10.1 Extensive engagement with hundreds of local people, as well as service providers and strategic partners, took place during 2018 and informed Sunderland's urgent care model for 2019/20 and beyond.

4.10.2 The model of care is underpinned by out of hospital services such as Sunderland Extended Access, Community Integrated Teams, the Recovery at Home (RaH) service (urgent community support), the 111 Clinical Assessment service alongside communications to the public and patients to 'talk before you walk'.

4.10.3 The new care model was signed off in January 2019 by the CCG's Governing Body. Implementation across Sunderland is being led by the ATB.

4.11 **Path to Excellence**

4.11.1 In 2016 South Tyneside and Sunderland NHS Foundation Trust (formerly City Hospitals Sunderland and South Tyneside Foundation Trusts) recognised that significant service transformation was needed to ensure the future sustainability of the hospital services across South Tyneside and Sunderland because of workforce pressures, finance constraints, future demographic changes and shortfalls in the quality in the care provided in some areas.

4.11.2 Transforming in-hospital care is being delivered by a partnership of STS NHSFT working collaboratively with South Tyneside and Sunderland CCGs. A five year transformation programme – Path to Excellence (PtE) - was established. Phase 1 of PtE focused on reshaping stroke, maternity (obstetrics), women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) services. Phase 2 is the final phase of the work and a number of clinical service reviews are taking place which cover the following areas of hospital based care:

4.11.3 The focus in 2019/20 will be phase 2 of the P2E programme covering a number of areas of hospital based care including, emergency care and acute medicine, emergency surgery and planned operations, planned care and outpatients and clinical support services.

4.11.4 In 2019/20 the programme will mobilise the outcomes of phase 1 and develop a pre-consultation business case to help determine the scenarios to take forward to public consultation for phase 2 later in 2019.

5. Recommendation

5.1 The Health and Wellbeing Scrutiny Committee is asked to note the contents of this report providing an overview of the CCG's 2019/20 Operational Plan..

6. Background papers

Appendix 1 – SCCG 2019/20 Operational Plan

Report Author: Helen Steadman, Head of Strategy, Planning and Reform

Sponsoring Director: David Chandler, Deputy Chief Officer and Chief Finance Officer

Glossary

AHC	Annual health Check
ATB	All Together Better
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CES	Community Equipment Service
CHC	Continuing Healthcare
CIT	Community Integrated Teams
CVD	Cardiovascular Disease
EHCH	Enhanced Health in Care Homes
MH5YFV	Mental Health Five Year Forward View
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
MDT	Multi-Disciplinary Team
MHIS	Mental Health Investment Standard
NHS LTP	NHS Long Term Plan
NTW NHS FT	Northumberland Tyne and Wear NHS Foundation Trust
PBR	Payment By Results
PCN	Primary Care Networks
RaH	Recovery at Home
SMI	Serious mental illness
SPA	Single Point of Access
STOMP	Stopping Over Medication of People with a Learning Disability
STS NHS FT	South Tyneside and Sunderland NHS Foundation Trust
TfC	Together for Children